## State of New Hampshire

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Date Filed: 08/17/2011
Business ID: 657282
William M. Gardner
Secretary of State

RSA 349

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## APPLICATION FOR REGISTRATION OF TRADE NAME

## (PLEASE TYPE OR PRINT CLEARLY) 1. BUSINESS NAME: James D. Nicholls, D.Min., Ed.D. (Name cannot include "INC." or other corporate designation) 2. BUSINESS ADDRESS: 03304 NH 66 Bow Bog Rd. Bow, City / town State No. & Street "MAILING ADDRESS (if different from Business Address) No. & Street (and/or PO Box #, Rural Route Box #, etc.) City / town State Zip 3. BRIEF DESCRIPTION OF KIND OF BUSINESS TO BE CARRIED ON: Licensed Psychologist providing mental health services 4. DATE BUSINESS ORGANIZED: August 9, 1998 (month / day / year) 5. APPLICANT'S NAME, ADDRESS & SIGNATURE. IF APPLICANT IS A CORPORATION OR OTHER ENTITY, LIST CORPORATION'S OR ENTITY'S EXACT NAME & INCLUDE TITLE OF PERSON SIGNING. TALL BELLIAN, BOW 66 Bow Bog Rd. James D. Nicholls, D.Min., Ed.D. TYPE OR PRINT NA Bow, 03304 TOWN/CITY STATE ZIP B. NO. TYPE OR PRINT NAME STREET Signature TOWN/CITY STATE NO. TYPE OR PRINT NAME STREET TOWN/CITY Signature STATE ZIP TENDER OF WINDING State of New Hampshire TYPE OR PRINT NAME DEFECT STREET Signature LLA TELL CORNERS

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